

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Michael Roque for Congress

ADDRESS (number and street) 2 Potter Street

Check if different than previously reported. (ACC)

Whitehall NY 12887

2. **FEC IDENTIFICATION NUMBER** C00433920

IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

Whitehall NY 12887 NY 20

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Douglas G. Rocque

Signature of Treasurer Electronically Filed by Mr. Douglas G. Rocque Date 10 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michael Roque for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	7808.43	240066.43
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7808.43	240066.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3209.80	226811.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3209.80	226811.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	19737.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Michael Roque for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6950.00

232500.00

(ii) Unitemized.....

858.43

6131.43

(iii) TOTAL of contributions

7808.43

238631.43

from individuals..... ▶

0.00

-565.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

0.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

7808.43

240066.43

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

10026.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

10026.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7808.43

250092.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3209.80	226811.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	3543.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3209.80	230354.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15138.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7808.43
25. SUBTOTAL (add Line 23 and Line 24).....	22947.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3209.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19737.51

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Kenneth M. Irish, III		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
	Mailing Address 40541 Ivybridge Lane		Transaction ID: 0000417
	City Leesburg	State VA	Zip Code 20175
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Security	General/Uncoded <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Les Szabolcsi		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 5828 Brookstone Walk		Transaction ID: 0000416
	City Acworth	State GA	Zip Code 30101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer MSI Benefits Group	Occupation Insurance Agent	General/Uncoded <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Mr. Wayne R. Wilcox		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 728 Iris Ave		Transaction ID: 0000419
	City Imperial Beach	State CA	Zip Code 91932
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Intelligence Gaminig INc	Occupation Security	General/Uncoded <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. James A. Quaremba

Mailing Address 3 Old English Road

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 500.00

Transaction ID: 0000413

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. Arnold Fisher

Mailing Address 299 Park Avenue

City State Zip Code
New York NY 10171

FEC ID number of contributing federal political committee. **C**

Name of Employer Fisher Brothers Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 2300.00

Transaction ID: 0000414

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. Donald E. Woodbridge

Mailing Address 64 Depot Hill Road

City State Zip Code
Amenia NY 12501

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 150.00

Transaction ID: 0000415

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2950.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 457.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8</p> <p>Transaction ID: 0000425</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 532.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8</p> <p>Transaction ID: 0000426</p> <p>Amount of Each Receipt this Period 75.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 632.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8</p> <p>Transaction ID: 0000427</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000428

Amount of Each Receipt this Period
85.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

717.00

B. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000430

Amount of Each Receipt this Period
25.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

742.00

C. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000431

Amount of Each Receipt this Period
75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

817.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

<p>A. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 912.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: 0000432</p> <p>Amount of Each Receipt this Period 95.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 977.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: 0000433</p> <p>Amount of Each Receipt this Period 65.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Miscellaneous Cash</p> <p>Mailing Address 26F Congress Street, #215</p> <p>City State Zip Code <u>Saratoga Springs</u> NY 12866</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cash Under \$100 - Not Required</p> <p>Occupation Privacy Requested</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1057.00</p>	<p>Date of Receipt 09 / 23 / 2008</p> <p>Transaction ID: 0000434</p> <p>Amount of Each Receipt this Period 80.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1157.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000435

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1257.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000436

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Miscellaneous Cash

Mailing Address 26F Congress Street, #215

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cash Under \$100 - Not Required
Occupation
Privacy Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1307.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 0000438

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 6950.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: 0000400 Date of Disbursement 07 / 02 / 2008
	Mailing Address P O Box 53852	Amount of Each Disbursement this Period 26.20
	City Phoenix State AZ Zip Code 85072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: 0000401 Date of Disbursement 07 / 02 / 2008
	Mailing Address P O Box 53852	Amount of Each Disbursement this Period 20.00
	City Phoenix State AZ Zip Code 85072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Merchant Service	Transaction ID: 0000404 Date of Disbursement 07 / 10 / 2008
	Mailing Address P O Box 1171	Amount of Each Disbursement this Period 105.75
	City Buffalo State NY Zip Code 14240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	151.95
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A. Full Name (Last, First, Middle Initial) American Express AXP Mailing Address P O Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000396 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 35.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) James E. Walsh Mailing Address 514 State Street City Schenectady State NY Zip Code 12305 Purpose of Disbursement Legals services 2nd qtr 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000407 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) BusinessKeeping Mailing Address 26 Valdepenas Lane City Clifton Park State NY Zip Code 12065 Purpose of Disbursement 2008 3rd Qtr Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000408 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 387.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2923.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A.	Full Name (Last, First, Middle Initial) Authnet Gateway	Transaction ID: 0000402 Date of Disbursement 08 / 04 / 2008
	Mailing Address P O Box 53852	Amount of Each Disbursement this Period 45.70
	City Phoenix State AZ Zip Code 85072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) American Express AXP	Transaction ID: 0000397 Date of Disbursement 08 / 11 / 2008
	Mailing Address P O Box 53852	Amount of Each Disbursement this Period 11.38
	City Phoenix State AZ Zip Code 85072	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Merchant Service	Transaction ID: 0000405 Date of Disbursement 08 / 11 / 2008
	Mailing Address P O Box 1171	Amount of Each Disbursement this Period 23.45
	City Buffalo State NY Zip Code 14240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	80.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Michael Roque for Congress

A.	Full Name (Last, First, Middle Initial) Authnet Gateway Mailing Address P O Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000403 Date of Disbursement 09 / 03 / 2008 Amount of Each Disbursement this Period 45.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Merchant Service Mailing Address P O Box 1171 City Buffalo State NY Zip Code 14240 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000406 Date of Disbursement 09 / 10 / 2008 Amount of Each Disbursement this Period 6.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Express AXP Mailing Address P O Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0000399 Date of Disbursement 09 / 11 / 2008 Amount of Each Disbursement this Period 1.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

54.06

TOTAL This Period (last page this line number only) ▶

3209.80

SCHEDULE C (FEC Form 3)

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Michael Roque for Congress

Transaction ID: 53-1

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Michael Rocque - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address Candidate for Congress
26F Congress Street, #215

City Saratoga Springs State NY ZIP Code 12866

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred: MM 08 DD 14 YYYY 2007
Date Due: Due Upon Demand
Interest Rate: 00.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.